

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

- ☒ Declaration Submitted with Initial Filing
- ☐ Declaration Submitted after Initial Filing.

Attorney Docket No.	8268.03
First Named Inventor	Charleata A. Carter
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cell Line and Method of Making and Using Same
(Title to the Invention)

the specification of which:

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) _____ -- as United States Application Number or PCT International
Application Number _____ -- and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input checked="" type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Patent Application Number	PCT Patent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name _____ -- Customer Number or Label _____
OR

☒ List registered practitioner's name and registration number below:

Name	Registration Number
Joe D. Calhoun	40,293

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to ☐ Customer Number or Label _____ OR ☒ Correspondence address below

Name	Joe D. Calhoun				
Address	CALHOUN & HAASE				
Address	400 West Capitol, Suite 2701				
City	Little Rock	State	AR	Zip	72201
Country	USA	Telephone	501-374-2100	Fax	501-374-4234

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name CHARLEATA	Middle Initial A.	Family Name CARTER	Suffix e.g. Jr.
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INVENTOR'S SIGNATURE *Dr. Charleata A. Carter* Date *11/27/00*

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City: Little Rock	State: AR	Zip:	Country: USA	Applicant Authority

☐ Additional Inventors are being named on supplemental sheet(s) attached hereto.